

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant(s)

10594295

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12	1		1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19	1		1			
20			1			
21		2	2			
22		2	2			
23		2	2			
24		2	2			
25		2	2			
26		2	2			
27		2	2			
28		2	2			
29		2	2			
30		2	2			
31		2	2			
32		2	2			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	2		1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			4			
TOTAL DEP.			28			
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						